

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO.: 05-10403DPW

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LLOYD F. AUDETTE,	)
Plaintiff,	)
	)
V.	)
	)
UMASS CORRECTIONAL HEALTH,	)
A Commonwealth Medicine Program,	)
Defendant, and	)
	)
DEPARTMENT OF CORRECTION	)
Kathleen M. Denney, Commissioner,	)
Defendant.	)

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**STATUS REPORT**

**NOW COMES** the medical defendant, *UMASS Correctional Health*, (hereinafter the “defendant”), and hereby submits this Status Report pursuant to Judge Woodlock’s Procedural Order dated May 24, 2005.

**A. BACKGROUND**

On or about February 24, 2005, plaintiff, Lloyd Audette, a pro se prisoner incarcerated in the Souza-Baranowski Correctional Center (“SBCC”), filed a Complaint with the United States District Court for the District of Massachusetts, alleging violations of his statutory and civil rights (American with Disabilities Act and the 8<sup>th</sup> Amendment) against UMASS Correctional Health (“UMCH”). Specifically, the plaintiff alleges that UMCH deliberately denied him treatment for his HIV, Hepatitis C, weight loss, and ankle injury, and that UMCH discriminated against him based on these medical conditions.

**B. PROCEDURAL HISTORY**

The parties were before the Court on May 24, 2005 for a Status Conference. At that time, Mr. Audette’s Motions for Temporary Restraining Order and Preliminary Injunction were withdrawn. Plaintiff’s Motion to Amend the Complaint was denied, without prejudice, to be resubmitted within thirty (30) days. The Court ordered status reports and amendments by June 30, 2005, which was subsequently extended by assent of the parties until July 7, 2005.

**C. MR. AUDETTE'S MEDICAL STATUS**

Mr. Audette's complex medical condition continues to be closely monitored by his physicians at SBCC (Dr. Phillip Tavares), as well as a team of outside consultants. He is followed closely by Dr. David Stone, an infectious disease specialist at Lemuel Shattuck Hospital and Tufts-New England Medical Center as well as Mindy Bowen R.N., an infectious disease nurse. In addition, Mr. Audette has been evaluated by Dr. Rubin Kim (New England Eye Center) and Dr. Maria Wirth (Endocrinology Clinic – Lemuel Shattuck Hospital).

At or about the time of the last Status Conference, Mr. Audette's physicians raised the possibility that his antiviral drug therapy might be causing his weight loss. In addition, Dr. Stone raised the concern that the antiviral combination may be resulting in an elevated blood lactate level, a well recognized side effect of the drugs.

As of May 29, 2005, Mr. Audette was started on a new drug combination consisting of the medications Truvada and Sustiva. As of June 7, 2005, nursing notes indicate that Mr. Audette's weight had stabilized, and had actually increased to 148 pounds from his prior weight in April of 136 pounds. Mr. Audette's only concern at the time was that he could only bench press 100 pounds, and was unable to lift 180 pounds. (See Mr. Audette's updated medical records, attached hereto as Exhibit A).

In response to complaints of neuropathy pain, Mr. Audette was also started on Ultram, a pain reliever. However, on June 13<sup>th</sup>, Mr. Audette completed a Sick Call Request Form in which he explained that he was vomiting every-time he took the medication. Mr. Audette was seen most recently for a Chronic Disease visit, on June 29, 2005. At that time his weight remained stable at 148 pounds. He continued to report to physicians that he was sick to his stomach and was vomiting on the Ultram. Despite this, there was no request to be taken off of the pain medication.

**D. TREATMENT PLAN**

Mr. Audette continues to suffer from many of the well know, and recognized effects of patients who are co-infected with HIV and Hepatitis C. However, according to his physicians, Mr. Audette is stable and his HIV viral load continues to be undetectable. Mr. Audette's treating physicians are continually reassessing Mr. Audette's medications to ensure him the best medical treatment. The defendant continues to send plaintiff to the appropriate specialists for his HIV and Hepatitis C, and his doctors are constantly changing his medication regimen to balance all his medical needs.

**E. CONCLUSION/LITIGATION SCHEDULE**

Based upon the foregoing, the defendant maintains that Mr. Audette is being appropriately treated for his complicated medical condition. There is simply no evidence to support plaintiff's claim that the defendant has been deliberately indifferent to his medical needs, or that he is being discriminated against based on his medical conditions. Moreover, there is no evidence to support any claims of medical malpractice.

Plaintiff's counsel represented to the Court at the May 24, 2005 Status Conference that they needed additional time for their "expert" (Dr. Howard Libman) to complete his review of the case. Counsel indicated that they would be obtaining a revised report from Dr. Libman with regard to his opinions of the care and treatment. To date, no such report has been provided. In a recent phone conference with Attorney Bigelow (representing the plaintiff), counsel indicated that Dr. Libman had no criticism of the current medication regimen.

In light of the foregoing, the Defendant respectfully requests that this Court enter a Scheduling Order which will permit the Defendant to submit dispositive motions at the earliest possible opportunity.

I hereby certify that a true copy of the above document was served upon (each party appearing pro se and) the attorney of record for each (other) party by mail on this 7<sup>th</sup> day of **July**, 2005

/s/ James A. Bello

\_\_\_\_\_  
James A. Bello / Lisa R. Wichter

Respectfully submitted,  
The Defendant,  
UMASS CORRECTIONAL HEALTH,  
By its attorneys,

**/s/ James A. Bello**

\_\_\_\_\_  
James A. Bello, BBO# 633550  
Lisa R. Wichter BBO# 661006  
MORRISON MAHONEY LLP  
250 Summer Street  
Boston, MA 02210  
(617) 439-7500

## CORRECTIONAL MEDICAL SERVICES / UMASS

## PROBLEM LIST

NAME: Audette, Cloyd ID # W80971 D.O.B. 12/31/58 Case  
Institution

MEDICATION ALLERGIES: Codeine (pruritis)

Date Identified	Significant Health Problems	Healthcare Practitioner Signature	Date Resolved	Healthcare Practitioner Signature
11/7/02	Zollinger, Ellison Syndrome <sup>esophagus</sup>	<i>[Signature]</i>		
11/7/02	HIV <sup>by 1985/87</sup>	<i>[Signature]</i>		
11/7/02	HBV, HCV	<i>[Signature]</i>		
11/7/02	Polysubstance abuse	<i>[Signature]</i>		
11/14/02	s/p multiple ortho surg.	<i>[Signature]</i>		
"	wants knee fix	<i>[Signature]</i>		
7/16/03	Hep A series starts	<i>[Signature]</i>		
1/14/04	2 <sup>nd</sup> HAV vaccine given	<i>[Signature]</i>		
1/14/04	1 <sup>st</sup> HBV given			
2/14/04	2 <sup>nd</sup> HBV vaccine given			
3/10/04	Peg Access consult Fax to DMCHP + Doc Pharm.			
<del>Hep C</del>	Hep C 1a 5/10/03 Hep C VL 7,132,800 IU/mL 12/5/03 Liver Bx - mild chronic inflammation @ HAI Score - not enough tissue.			
7/04	#3 HBV vaccine DUE <input checked="" type="checkbox"/> 7/14/04			
7/8/04	Left knee debridement	<i>[Signature]</i>		
12/7/04	New worksheet Faxed to UMCH	<i>[Signature]</i>		
11/10/05	Started Peg Interferon Alpha treatment	<i>[Signature]</i>		
4/18/05	Hold Reg & Bx dIT (R) eye issue			
4/19/05	out to LSH - opto eye clinic R/o Retinal Detachment			
4/21/05	TO NEMC (eyecenter) (R) eye issue			
6/21/05	s/p @ knee arthroscopy	<i>[Signature]</i>		
	7/13/05			

**UMCH SPECIALTY REFERRAL REQUEST**

SITE \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_ DATE REQUEST FAXED \_\_\_\_\_

REQUESTING CLINICIAN

A. EnAW MD

ON SITE: ☒OFF SITE: ☐

I/M NAME

Andette

Charged

I/M ID

W

I/M DOB

12-31-58

INCARCERATION END DATE \_\_\_\_\_

Initial Referral \_\_\_\_\_

Follow-Up \_\_\_\_\_

SPECIALTY REQUEST

Ophthalmology

FACILITY

On site SBCU

**RATIONALE FOR REQUEST:**

Plu of last Month Visit 9/6/05

**SYMPTOMATOLOGY/EXAM DATA:**Patient Coinfected and on Interferon for HCV 14.  
Has Retinal changes.**LAB/X-RAY DATA:****RELATED TREATMENT HISTORY:**

See med sheet (notes)

**COMMENTS:**

Clinician Signature

A. EnAW MD

Date Received by UR Department \_\_\_\_\_

Clinician Stamp

\*Do not delay treatment that is medically necessary urgent or emergent.

\*For security reasons inmates must not be informed of date, time or location of proposed treatment or hospitalization.

4/12/05

N1

## UMASS CORRECTIONAL HEALTH

## PHYSICIAN'S ORDER

## PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

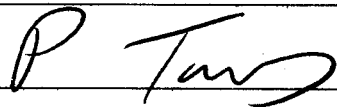
NAME AUDETTE, LLOYD ID NUMBER W80971 D.O.B. 12/31/58  
INSTITUTION SBCC ALLERGIES codeine sulfate  
DATE 5/27/05 TIME 1530 h

## ORDERS

/ Venlafaxine XR 37.5 mg po bid x 100d

Noted 5/27/05 1610 Nimita Patel, MD

SIGNATURE



PRINT NAME

**Philip Tavares, M.D.**

Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

2

\*INADEQUATELY DOCUMENTED REQUESTS WILL BE RETURNED FOR FURTHER DOCUMENTATION

\*\* Non-Formulary medications are NOT stocked in the pharmacy. A delay in procurement of these medications as well as the potential for increased patient costs over equivalent formulary medications must be considered

Department of Correction Pharmacy Distribution Center  
NON FORMULARY REQUEST FORM

Prescribing Clinician:

A. ENAW, M.D.

Date Sent:

9/28/05

Date Returned:

Inmate Name:

Wayne Andette

Location:

Inmate Number:

W 80971

Non Formulary Medication:

Van / 4 faxine

Dosage:

37.5mg

Cost:

BRO

Similar Formulary Alternatives:

To be completed by Provider

Reason for ordering Non Formulary Medication:

Approximate Duration of Therapy:

Psychotropic

for Schizophrenia

Monitoring Parameters

Desired Outcome

Prescribing Clinician's Signature:

A. ENAW, M.D.

[Signature]

Evaluation of the non-formulary request by the Pharmacy Distribution Center

Pharmacist's Signature:

Evaluation of the non-formulary request by the Director of Medicine, the Director of Psychiatry or their designee:

Medical Director's Signature:

Drug Ordered:

Yes

No

Date:

RPh initials:

Drug Dispensed:

Yes

No

Date:

RPh initials:

## UMASS CORRECTIONAL HEALTH

## PHYSICIAN'S ORDER

## PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Dudette Lloyd ID NUMBER 1080971 D.O.B. 12/31/58  
INSTITUTION SBCC ALLERGIES Codine  
DATE 6-7-05 TIME 4pm

## ORDERS

Lab needed iron, TIBC, penicillin  
noted Erica Kubiak nr  
1700 6-7-05

SIGNATURE Lorraine Hazard, M.D.Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:PRINT NAME Lorraine Hazard, M.D.



## UMASS CORRECTIONAL HEALTH

## PHYSICIAN'S ORDER

SCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

Audette, Lloyd ID NUMBER 680971 D.O.B. 12/31/58  
 INSTITUTION 813CC ALLERGIES Codeine Sulfate  
 DATE 6/7/05 TIME 1515

## ORDERS

CXR ~~PA & LAT~~ "Cough"

"AIDS"

DC ~~Etiology~~ eff DCD

TID for SBCC

Ultram 50 mg Po qid PRN pain

noted

Erica Kubiak MD

1630 6-7-05

Please clarify name

SIGNATURE

P T

Interchange is mandatory unless the prescriber writes the words "no substitution" in this space:

PRINT NAME

Philip Tavares, M.D.

## UMASS CORRECTIONAL HEALTH

## PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME AUDETTE, LLOYD ID NUMBER W80971 D.O.B. 12/31/58  
INSTITUTION SBCC ALLERGIES Codine  
DATE 6/8/05 TIME 0838

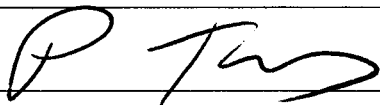
## ORDERS

Clarification of Ultram order:

Ultram 100 mg Po tid PRN pain x 30d

~~interchangeable with Vicodin 09/09~~

SIGNATURE



PRINT NAME

Philip Tavares, M.D.

Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

UMASS CORRECTIONAL HEALTH

PHYSICIAN'S ORDER

PHYSICIAN ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Nedette, Cloyd ID NUMBER W80971 D.O.B. 12/31/58  
ADMISSION 8/8/05 ALLERGIES codeine  
DATE 6/13/05 TIME 9<sup>00</sup> am.

ORDERS

all Sustiva 600mg po qhs  
Protonix 40 mg po BID  
~~with 1/2 Water W 6/13/05 1B~~

SIGNATURE

PRINT NAME

MARK SCHNABEL, NP

Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

**UMCH SPECIALITY REFERRAL RESPONSE**

*File*

SITE SBCC DATE REQUEST RECEIVED 6/15/05 ON SITE: ☒ OFF SITE: ☐  
REQUESTING CLINICIAN Enaw I/M NAME Audette, Lloyd  
I/M ID W80971 I/M DOB 12-31-58 RELEASE DATE 10-18-08  
SPECIALTY REQUEST optno + l m PEG FACILITY SBCC

☐ MEETS CRITERIA☐ PHYSICIAN REVIEW REQUIRED

*OK - no auth necessary*

☐ ADDITIONAL INFORMATION NEEDED (specify)☐ DOES NOT MEET CRITERIA/FOLLOW ALTERNATE TX PLAN AS INDICATED BELOW:

ENCOUNTER # \_\_\_\_\_ Date Faxed to Site 6/16/05  
REVIEWER: 6891 [Signature] RN/MD DATE: 6-15-05  
MEDICAL DIRECTOR: \_\_\_\_\_

APPT DATE & TIME: \_\_\_\_\_

\*This is a confidential document for communication to the site and is not for disclosure or placement in Medical Record.  
\*Do not delay treatment that is medically necessary urgent or emergent.  
\*For security reasons inmates must not be informed of date, time or location of proposed treatment or hospitalization.

5/16/05

**UMASS CORRECTIONAL HEALTH**  
**PHYSICIAN'S ORDER**

SCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

IE Lloyd Audette ID NUMBER W80921 D.O.B. 12/31/58  
TITUTION \_\_\_\_\_ ALLERGIES Codine  
TE 6/18/05 TIME 1700

**ORDERS**

Please send pt to see Dr. Rogers Retina  
Service, at NEMCH in E/u as  
requested. Thanks

Noted 06/17/05 1700 Emilia Kavanagh Up to Kathy

SIGNATURE \_\_\_\_\_

Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

PRINT NAME \_\_\_\_\_

UMASS CORRECTIONAL HEALTH

PHYSICIAN'S ORDER

RESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

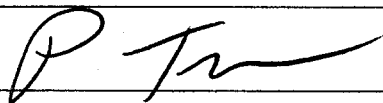
PATIENT NAME AUDETTE, LLOYD ID NUMBER W80971 D.O.B. 12/31/58  
TUTION SBCC ALLERGIES codine  
DATE 6/20/05 TIME 1510 h

ORDERS

BACTRIM DS 1 PO qod x 100d

noted  
Ernest Subeats RN  
620-05  
1800

SIGNATURE



Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

PRINT NAME

**Philip Tavares, M.D.**

UMASS CORRECTIONAL HEALTH

PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Adette, Clay D ID NUMBER W80971 D.O.B. 12/31/58  
INSTITUTION SB ALLERGIES codeine  
DATE 6/24/05 TIME 1P

ORDERS

MyLANIA 300 po qid prn x 7000 KAP  
D/K Effexor (pt request)

Noted 6/24/05 1450 N. Peth, (e)

SIGNATURE

Interchange is mandatory unless the prescriber writes the words  
"no substitution" in this space:

PRINT NAME

MARK SCHNABEL, NP

# Mass Correctional Health Plan Consultation Request

5/26/05  
2:30 PM

☒ Off-Site

WEMC

☐ Emergency

☐ Specialty Clinic

☐ Ambulance

Inmate: Audette, Lloyd

Inmate ID: W80971

DOB: 12/31/58

Facility: BBCC

Cost Center:

Incarceration Date:

Procedure/Test/Specialty Requested: Follow Up  
NE Eye Care Center

Estimated Release Date: 10-18-08

Provider: WEMC

Right eye - question of retinal detachment

Last Seen @ WEMC eye center 4/18/05  
Regl Ribavirin Dcd 4/18/05 (Au) was since 4/18/05 (Au)

Central Serous Retinopathy Right Eye  
Idiopathic cause. Followup 3 mos.  
Hold Ribavirin

Labet Labs	Corrected AM	49.05	37.05	28.05
4/25/05 CD4 77 15%	AIT 128	12 wk	AIT 53	CD4 137 15%
HIV VL <75	HgbA1c 4.9	HepCVL		HIV VL <75
		13,004 IU/mL		

Quetiapine  
ECDDI  
Epivir  
protonix  
Trazodone  
Meqace

Adam J. ROGERS  
6176365486

Referring Clinician:

Signature:

Philip Tavares, M.D.

Date:

5/11/05

\* For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization  
\* Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions Prior  
approval of UMCH State-wide Medical Director is required for additional procedures or hospitalization.



SBCC  
Institution

[illegible]

**UMASS CORRECTIONAL HEALTH  
SICK CALL REQUEST FORM**

*Full MP*

Print Name: Lloyd Audette ID#: W80971

Date/Time May 28/9 am Housing Location: W1 #41

Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: Am experiencing severe neuropathy pain, please address

I consent to be treated by the healthcare staff for the condition described above.

Inmate Signature Lloyd Audette

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA**

Date/Time Recieved  
5/28/05  
2000

SBCC  
Institution

REFERED TO:

☐ Nurse

☒ Midlevel

☐ Physician

☐ Mental Health

☐ Dental

☐ Other

Slip Sorted by:

Subjective:

Objective: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ WT \_\_\_\_\_

Assessment:

Plan [include inmate education]:

*MP*

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## UMASS CORRECTIONAL HEALTH

## PROGRESS NOTES

SBCC

Institution

NAME: AVOETTE, LLOYD ID # W80971 D.O.B. 12/31/58

DATE	TIME	NOTES
5/27/05	1500h	Spoke to Charlie Gordon, pharmacist, regarding his recommendations for pain med for this pt in light of possible interactions with HIV and other meds he is on. Charlie recommended Ultram OR Venlafaxine (Effexor) 37.5-75 mg bid  Will order venlafaxine XR 37.5 mg bid X 100d (done 5/27/05)  P. Tavares Philip Tavares, M.D.
5/31/05	855AM	Consult from NEMC NE Eye Care Center reviewed "Hold Ribavirin" recommendation noted Mindy Bowen informed - will relay to Dr Stone  P. Tavares Philip Tavares, M.D.
6/1/05	1500	Follow-up: 10/1/05, well wt: 147 1/2#. Spoke to ID case Manager while @ RD appt. Recent Endocrine appt (3/31) @ LSH - w/ no note in medical record. Per Dr. Smith does not believe testosterone levels (Hx) related to wt ↓. The pt had Resovera along a bid smalls for total of 1000 additional kcal/day. States eating ultra

NAME: David H. Lloyd ID # W 80971 D.O.B. 12/31/38

7113W 1/95



# Clinic Visit - Follow-up Consultation

Date: 5/31/15 Clinic: Endo Primary Provider: D. Woolf

Vital signs: BP: \_\_\_\_\_ P: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Wt: \_\_\_\_\_ O2-Sat: \_\_\_\_\_

Date	Am	Pm	Date	Am	Pm
3/1	117		3/22		
3/2	48	198	3/23		
3/3	93	144	3/24		
3/4	97	100	3/25		
3/5	90	187	3/26		
3/6	92	127	3/27		
3/7	94	120	3/28		
3/8	104	69	3/29		
3/9	96	151	3/30		
3/10	125	150	3/31		
3/11	95	110			
3/12	75	124			
3/13	94	154			
3/14	62	106			
3/15	49	90			
3/16	99	64			
3/17	120	84			
3/18	75	134			
3/19	74	84			
3/20	102	112			
3/21	97	114			

☐ Problem List reviewed/updated

☐ Med. Sheet - reviewed/updated

Consultant's Signat and Print: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Phone/Boozer: \_\_\_\_\_

RTC: \_\_\_\_\_

White Copy: Medical Records

Yellow Copy: Requesting Practitioner

06/15/2001

Addressograph

Shirley

L90001185776  
TRUD, ALFRED  
(978 514-6500  
UMASS CORRECTI

L800037882  
07/26/1942

END L M



**Lemuel Shattuck Hospital**  
**170 Morton Street**  
**Jamaica Plain, MA 02130**

**LSH ENDOCRINOLOGY CON. REPORT**

**Date/Time of Report:** 05/31/05 2324

**Patient:** AUDETTE, LLOYD

**Unit #:** LS00056059

**Acct #:** LS0001147586

**Ordering Doctor:** WARTH, MARIA R MD

**Patient Location:** END.L

**Associated Orders:** ENDOCR CLINIC EST PT LEVEL 3

Returns for follow up. Seen in Co Infection Clinic 3 weeks ago and changed to new HIV drugs because of an increased lactic acid. Some symptomatic improvement in fatigue with that. Laboratory studies of 4/5/2005 include Calcium 9.3, Intact PTH 42 (7-53), Free T4 0.70 (0.56-1.64), Total testosterone 652 (262-1593), Free testosterone 1.18 (0.95-4.30), FSH 13.50 (1.27-19.60), LH 11.10 (1.24-8.62), Prolactin 42 (7-53).

Impression: The mildly increased LH suggests a mild degree of primary gonadal dysfunction. It seems unlikely that the significant systemic symptomatology of which he complains is due to this, and given the normal levels of both total and free testosterone, I think it very unlikely that there are any symptomatic manifestations whatsoever. I think it is far more likely that his complaints relate to his HIV or Hepatitis C infection or to the drugs used to treat those conditions. I would be happy to review the previous records related to his low testosterone to see if the present results and the past diagnosis can be reconciled. It is my understanding that the patient has access to copies of those records. If he has not had iron studies in the past, it would be reasonable to obtain Iron, IBC, and Ferritin as hemochromatosis can be a cause of primary hypogonadism.

RTC prn

**Signed by:** <<Signature on File>>

**Dictated By:** WARTH, MARIA R MD

**Co-Signed by:**

**Co-Dictated By:**

**Dictated Date:** 05/31/05

**UMASS CORRECTIONAL HEALTH  
RELEASE OF RESPONSIBILITY**

Name: Andette, Lloyd ID # W80921 Institution SBC D.O.B. 12/1/58

I hereby refuse to accept the following treatment / recommendations:

TIBC Feritin

Potential Health Care Risk Associated With Refusal:

UNKNOWN Feritin level causing delay in diagnosis treatment

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless UMass Correctional Health, its employees and agents from all responsibility and ill effect which may result from this action.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
UMass Correctional Health Witness

\_\_\_\_\_  
Date/Time

The aforementioned inmate has refused the listed medical treatment / recommendations and has refused to sign this form.

[Signature]  
UMass Correctional Health Witness

6/10/05 10:00  
Date/Time

[Signature]  
UMass Correctional Health/Other Witness

6-10-05  
Date/Time

Mindy  
IP Nurse

pull

UMASS CORRECTIONAL HEALTH  
SICK CALL REQUEST FORM

Print Name: Lloyd Andette ID#: W80971

Date/Time 6-13-05 10 AM Housing Location: N1 #41

Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: Two issues (1) the ultram is being crushed, I'm vomiting every time I take it, then can't eat breakfast or lunch, I don't know if it will or will not work so far, none is getting into my system. (2) Here are some records for you

I consent to be treated by the healthcare staff for the condition described above.  
To copy for my file here and please fax a copy to Dr. Worth. Records are self explanatory.

Inmate Signature Lloyd Andette

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

I don't have copies please return

\*\*\*\*\*

Date/Time Received <u>6/13/05</u>
--------------------------------------

SBC  
Institution  
NYBauer  
Slip Sorted by:

REFERRED TO:

☐ Nurse ☒ Midlevel ☐ Physician  
☐ Mental Health ☐ Dental ☐ Other \_\_\_\_\_

Subjective:

Objective: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ WT \_\_\_\_\_

Assessment:

Plan [include inmate education]:

File

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_





# UMASS CORRECTIONAL HEALTH SICK CALL REQUEST FORM

Print Name: Lloyd Audette ID#: W80971Date/Time 6-22-03 Housing Location: 11 #41Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: 1) Spoke to Mindy about vomiting everytime I take the ultram, she said I would be seen; I wasn't 2) kindly schedule consult for ortho, left knee is just as bad as it was before it was scoped 3) kindly renew mease or marinol for appetite; no appetite again

I consent to be treated by the healthcare staff for the condition described above.

Inmate Signature Lloyd Audette

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

Date/Time Recieved

Institution

REFERRED TO:

☐ Nurse☐ Midlevel☐ Physician☐ Mental Health☐ Dental☐ Other

Slip Sorted by:

Subjective:

Objective: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ WT \_\_\_\_\_

Assessment:

Plan [include inmate education]:

Signature &amp; Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

see CD note  
6/29/05

## UMASS CORRECTIONAL HEALTH

## PROGRESS NOTES

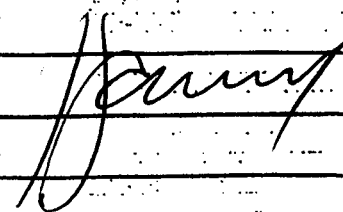
## CD VISIT

SBCC

Institution

NAME: Audette K Lloyd ID # W80971 D.O.B. 12/31/78

DATE	TIME	Problems:	NOTES: Medications:
6/29/05	IP	HWP HWP GERD	Trouada Sustiva Protonix Tums, Colace, Ultram (peg int, ribavirin = HOLD)
		Allergies: codeine	Diet: reg + supplementing snacks
		S: stick to spinach, vanilla sometimes P Ultram - (L) knee popping on occasion He surgery x 2, nonsectomy - (R) eye vision loss. peg TRIMETHOPRIM DCB.	
		O: T: <u>98</u> P: <u>88</u> R: <u>16</u> O2 sat: <u>—</u> BP: <u>128/95</u> Wt: <u>149</u>	
		HEENT: <u>3</u> nasal	
		Cor: <u>RTN</u>	
		Lungs: <u>CXA</u>	
		Abd: <u>—</u>	
		Neuro: <u>grossly nc</u>	
		Ext: <u>(L) knee - (P) muscle wasting</u> <u>(R) effusion</u> <u>(C) crating</u> <u>&amp; ext</u>	
		Labs: <u>pu 2D dmr</u> <u>pu 25</u> <u>(0427)</u> <u>ALT 2</u>	
		A: <u>Alino OD - ? retinid</u>	
		<u>HWP - small</u> <u>HWP - off Tr.</u> <u>GAD - 2</u>	
		P: Chronic Care visit 3 months RTC if any problems Inmate education - diet, exercise, compliance See Physician Order Form for Labwork	
		<u>In Name</u> <u>pu 2D dmr</u> <u>Add My CARTA</u>	



# **JMASS CORRECTIONAL HEALTH** **SPECIAL NEEDS TREATMENT PLANNING**

Name Adette, Lloyd ID# W80971 DOB 12/31/58

Diagnosis HIV + HCC

Allergies Codine

Medication/  
Treatment [See CMS Chronic Care Guidelines for HIV]

TROVATE  
SUSTIVA

Laboratory CD4 COUNT PERF VIRAL LOAD TESTING PERF  
OTHER LAB: ALT/AST HCC GUANT

Exercise ASTA

Diet veg & supplements

Short Term Goal[s] 1] PROVIDE EMOTIONAL SUPPORT RELATED TO DIAGNOSIS AND COPING  
2] EDUCATE ABOUT ILLNESS PROGRESSION AND MANAGEMENT INCLUDING MEDICATION MANAGEMENT/ COMPLIANCE, DIET AND NEED FOR LIFE-LONG FOLLOW-UP CARE

Long Term Goal[s] 1] PREVENT OPPORTUNISTIC INFECTION OR RECOGNIZE AND TREAT EARLY  
2] SELF-CARE AND MEDICATION COMPLIANCE  
3] PROVIDE EMOTIONAL SUPPORT AND DISCHARGE PLANNING AS NEEDED

Education 1] TEACH ILLNESS PROGRESSION AND TREATMENT STRATEGIES  
2] TEACH PREVENTION OF HIV TRANSMISSION  
3] STRESS NEED FOR FULL COMPLIANCE TO MEDICATION REGIME

Follow-Up CHRONIC DISEASE/SPECIAL NEEDS CLINIC EVERY THREE MONTHS  
SEE MD ORDERS AND PROGRESS NOTES  
OTHER:

Planning by MARK SCHNABEL, NP Date 6/29/05

MD Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed	Date	Reviewed	Date

Treatment Discontinued by \_\_\_\_\_ Date \_\_\_\_\_

Problem List Documentation Resolved by \_\_\_\_\_ Date \_\_\_\_\_

# UMASS CORRECTIONAL HEALTH

## SPECIAL NEEDS TREATMENT PLANNING

Name Andette, Lloyd ID# W80971 DOB 10/31/58

Diagnosis GERD

Allergies codeine

Medication/  
Treatment protonix  
MLANTH

Laboratory CBL p/n

Exercise AS 70L

Diet avoid bothersome foods

Short Term  
Goal[s] reduce sx

Long Term reduce Barrett's esophagus

Patient  
Education report any ↑ in sx

Follow-Up  
Frequency q3mo

Planning by MARK SCHNABEL, N Date 7/8/04

MD Signature A. ENAW, M.D. Date 7/8/04

A. ENAW, M.D.	WBS	6/1/05	A. ENAW, M.D.	1/8/05

Treatment Discontinued by \_\_\_\_\_ Date \_\_\_\_\_

Problem List Documentation Resolved by \_\_\_\_\_ Date \_\_\_\_\_



## UMASS CORRECTIONAL HEALTH TREATMENT ADMINISTRATION RECORD

**MONTH**

May

2005

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/12	5/12	NP	Reg - Intron 0.4 ml sc weekly MON X30	16	hold until further notice																														
3/8	6/18	NP	Bactrim DS 1 tab PO every other day KOP X100 (HS)	4/23																															
3/7	6/17	NP	Sustiva 600mg PO KOP X100 (HS)	4/23																															
5/23	9/2	SN	@ HS KOP X100 (HS)	4/23																															
4/12	7/22	NP	Tylenol 650mg PO PEN X100	4/19																															
4/11	7/21	NP	TUMS 2 tabs PO TID PEN X100	4/19																															
4/11	7/21	NP	EUCERIN CR O2 lotion top BID PEN X100	4/19																															
4/12	5/12	NP	Megace 20mg PO PO TID X30	4/18																															

[illegible]



SBC  
Institution

520

1948

QBE/INMATE #: 12/3  
W80971



SABC  
Institution

**MONTH** May **20** 05

[illegible]

Codeine

DOB/INMATE #: 12/31/52

**LOCATION:**

NAME:

See

Prudette, Lloyd